

Adult Program Trip Seagrove, NC Trip November 5, 2014

If you like pottery or looking for a great gift then you will love this trip. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 8:00am. The group will visit the NC Pottery Center for a potter demonstration and a self-guided tour. You will learn the full history of pottery making in North Carolina, from the earliest Native Americans to contemporary sculptural forms in clay. This includes examples of hundreds of pots, detailed models of a Native American pit firing, an early earthenware kiln, and a groundhog kiln. We'll have lunch at Westmore Family Restaurant (lunch on your own). Following lunch we will stop at an area near several potters and galleries for you to walk and visit during your free time. We always encourage you to wear comfortable walking shoes and clothing. The group will arrive back at the Anne Gordon Center at approximately 6:45pm.

Price:

\$51.00 City of Raleigh Resident

\$66.00 Non-City of Raleigh Resident

Price Includes:

Transportation via charter bus, NC Pottery Center potter demonstration and self-guided tour. Bring spending money for shopping as well as lunch.

Patron Expectations:

This trip has a moderate volume of walking expected, including some steps. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

Cancellation Policy:

Cancellations must be made, in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

To register return the bottom portion of the back page with payment to:

Anne Gordon Center for Active Adults *Adult Program*1901 Spring Forest Road, Raleigh, NC 27615





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Make checks payable to: City of Raleigh

To Register: Complete the form below and return with full payment to: Anne Gordon Center for Active Adults

physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes,

Adult Program

1901 Spring Forest Road Raleigh, NC 27615

For Additional Information Contact: Adult Program Staff at (919)996-4720 or (919)996-4730

Keep top portion for your records

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I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

Signature of participant	participant SIGNATURE		Date sig		DATE	
Name of Participant			Roommate:	N/A		
Address		City			State	Zip Code
Telephone		Email:				
Emergency Contact						
I understand that there is no one-	on-one assistanc	ce provided by Ra	leigh Parks and Recre	eation Staff	Initial	INITIALS
Payment by Credit Card (check one	e):Visa	MasterCard	American Expres	S		
Credit Card #:			Ехр	. Date:		
Name as it appears on the credit ca	ırd:					
Amount to be Charged:	Signature:		Todays Date:			
NON-DISCRIMINATION POLICY: The City o						

Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or

hemophilia, asthma, etc.):

Vegetarian or Other Food Concerns